Attorney Docket No.:

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
Charles Gorenstein	(Reg. No. 29,271)	Gerald M. Murphy, Jr.	(Reg. No. 28,977)
Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
Andrew D. Meikle	(Reg. No. 32,868)	Marc S. Weiner	(Reg. No. 32,181)
loe McKinney Muncy	(Reg. No. 32,334)	Donald J. Daley	(Reg. No. 34,313)
John W. Bailey	(Reg. No. 32,881)	John A. Castellano	(Reg. No. 35,094)
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or

PLEASE NOTE: YOU MUST COMPLETE FÖLLOWING:

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Full Name of First or Sole Inventor: Insert Name of Inventor insert Date This
Document is
Signed

insert Residence Insert Citizenship

insert Post Office

Full Name of Second Inventor, if any:

C

Full Name of Third Inventor, if any: see above

Full Name of Fourth Inventor, if any:

Full Name of Fifth Inventor, if any:

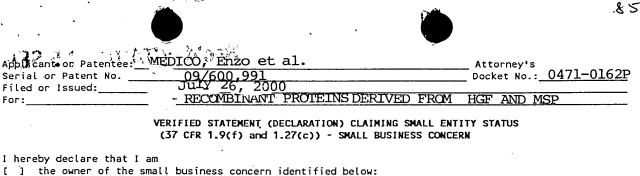
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE*

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Enzo MEDICO	1 // / /		
Residence (City, State & Country)		CITIZENSHIP	•
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POST OFFICE ADDRESS (Complete Street Ad	ldress including City, State & Co	ountry)	
Via Campo di Pile - L'AQU			
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	0 \	DATE*
Paolo MICHIELI	Paolo Michie		27.07.2000
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POST OFFICE ADDRESS (Complete Street Ad	ldress including City, State & Co	ountry)	
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	,	DATE*
Chiara COLLESI	Chara ad	lee	27.07.2000
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	112	DATE*
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GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Parolo COMOGLIO	- m	. <u></u> _	27.07.2000
Residence (City, State & Country)	- ^	CITIZENSHIE	
L'AQUILA, Italy	→ '	Italia	an
POST OFFICE ADDRESS (Complete Street Ac	ddress including City, State & C	ountry)	
Via Campo di Pile - L'AC	OUTLA. Italy		

Filed or Issued:

NAME OF CONCERN ADDRESS OF CONCERN

For:



I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

[] an official of the small business concern empowered to act on behalf of the concern identified below:

Via Campo di Pile

Italy

DOMPE'

Patent No.

L'AOUILA.

concern identi	fied	above	ghts under contract or law have with regard to the invention			proteir	<u>15</u>
derived f	ror	n <u>HC</u>	GF and MSP Chiara COLLESI, (Gianfranco	CASELLI	by <u>Er</u>	1ZO MEDICO
inventor(s)	, <u>,,,,,,</u>	<u> </u>	CHICLE COMBINITY	<u>stanti anco</u>	CABLLLI	, <u>raoro</u>	<u>eomogn</u> 10
described in	ι]	the specification filed here				
	[]	application Serial No.		filed		

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

> *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

issued

NAME				
	ſ] INDIVIDUAL	[] SMALL BUSINESS CONCERN	[] NON-PROFIT ORGANIZATION
NAME				
	ι] INDIVIDUAL	[] SMALL BUSINESS CONCERN	[] NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING <u>Sergio Dompe</u>	
TITLE OF PERSON OTHER THAN OWNER Managing	Director
ADDRESS OF PERSON SIGNING Via Campo di	Pile, L'AOUILA, Italy
SIGNATURE AND PINE	DATE 27.07.2000
y y	



BIRCH, STEWART, KOLASCH & BIRCH, LLP

471-162P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747, Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 · Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Recombinant pr	coteins de	erived from	HGF and M	SP		
Fill in Appropriate Information - For Use Without Specification Attached:	the specification of wh the specification v United States Appl and amended on _ the specification v International Appl amended under PC	vas filed on lication Number vas filed on2	7.01.1999 PCT/EP99/	00478	(if app	olicable) :; a:; a:(if appl	as and/or as PCT nd was licable)
The state and then state and the state and the state state and the state	including the claims, a	s amended by a duty to disclos, \$1.56. do not believe of, or patented ore than one ye nerica more than inventor's conerica on an application has been by legal represer priority ent or invento	ny amendment refe information which the same was ever or described in a ar prior to this application filed by refer to this application filed by refiled in any countatives or assigns benefits under Tr's certificate list	known or used in my printed publication, that the strict this application, that of this application, the or my legal repraction, and that not foreign to the except as follows the 35, United Sted below and ha	ame was not in pub hat the invention ha is application in am resentative or assigr o application for p United States of An ates Code, §119(a) ve also identified	America y before lic use of s not bee y country s more to atent or merica p -(d) of a below a	le 37, Code a before my my or our r on sale in en patented y foreign to than twelve inventor's rior to this any foreign ny foreign
	Prior Foreign Applic	ation(s)			Pri	ority Cl	aimed
(if appropriate)	MI98A000179 (Number)	<u>Italy</u> (Country)		30.01.199 (Month/Day/Yea	3 r Filed)	X Yes	□ No
6) 6)	(Number)	(Country)		(Month/Day/Yea	r Filed)	☐ Yes	No
	(Number)	(Country)		(Month/Day/Yea	r Filed)	Yes	No —
	(Number)	(Country)	. , , ,	(Month/Day/Yea	r Filed)	□ Yes	□ No
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.						
Insert Provisional Application(s): (if any)	(Application Number)		_	(Filing Date)		··-	
	(Application Number)			(Filing Date)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country	Ap	plication Number	Date	of Filing (Month/Da	y/Year)	
Insert Requested Information: (if appropriate)					•		<u> </u>
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Fi	ling Date)	(Stat	us - patented, pendi	ing, aban	doned)
	(Application Number)	(Fi	ling Date)	(Stat	us - patented, pend	ing, aban	doned)